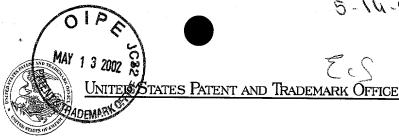
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			Application Number	10/079, 231	
TRANSMITTAL		Filing Date	02/20/2002		
FORM		First Named Inventor	10/079,231 02/20/2002 MICHAEL HAWKINS		
(to be used for all correspondence after initial filing)		Group Art Unit	1732		
		Examiner Name			
Total Number of	f Pages in This Subm	ission /8	Attorney Docket Number	ZM0458	
ENCLOSURES (check all that apply)					
Fee Transmittal For	n		nent Papers Application)	After Allowance Communication to Group	
Fee Attached	i	Drawing	ı(s)	Appeal Communication to Board of Appeals and Interferences	
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Certified Copy of Priority Document(s)		Remarks	1		
Response to Missing Parts/ Incomplete Application			_		
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APPLICATION NUMBER

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/079,231

02/20/2002

Michael Hawkins

ZM0458

**CONFIRMATION NO. 7238** 

FORMALITIES LETTER 

\*OC000000007845164\*

Jacque E. Wilson, Esq. Zimmer, Inc. 345 E. Main St. Warsaw, IN 46580

Date Mailed: 04/11/2002

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

## Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- The Claim(s) commencing on a separate sheet (37 CFR 1.75(h)).
- Substitute drawings in compliance with 37 CFR 1.84 because:
  - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

A copy of this notice <u>MUST</u> be returned with the reply.

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